

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

II. GENERATOR'S EPA I.D. NUMBER

☐ For 1983 Only ☐ Permanently☐ Other _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
F M N D 0 9 2 3 0 4 8 5 6 1
T/A C

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

30 69
F R A N K L I N M A N U F A C T U R I N G C O M P A N Y

IV. INSTALLATION MAILING ADDRESS

15 16 45
3 7 0 1 3 3 r d A v e n u e N o r t h

Street or P.O. Box

15 16 41 42 47 51
4 S t . C l o u d M N 5 6 3 0 1

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

15 16 45
5

Street or Route number

15 16 41 42 47 51
6

City or Town

State Zip Code

VI. INSTALLATION CONTACT

15 16 45
2 C l u t e R i c h a r d

Name (last and first)

46 55
6 1 2 - 2 5 3 - 1 2 1 2

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Warren L. Hull

V. P. of Mfg.

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	N	D	0	9	2	3	0	4	8	5	6	1
1	2											13	14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Waste Research & Reclamation

XI. FACILITY ADDRESS

Route 7

Eau Claire, WI 54701

X. FACILITY'S EPA I.D. NO.

F	W	I	D	9	9	0	8	2	9	4	7	5
16												28

XII. TRANSPORTATION SERVICES USED

Waste Research & Reclamation

WID990829475

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Methylene Chloride	1,3	F 0,0,2	87000	P
32	2	Flammable Paint Solvent Containing Toluene & Xylene	0,8	D,0,0,1	34000	P
	3	Cleaning Solvent Containing Mineral Spirits	0,1	D,0,0,1	500	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	N	D	0	9	2	3	0	4	8	5	6	1	1
1	2											13	14	15

T/A C

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

X. FACILITY'S EPA I.D. NO.

F														
16														28

XI. FACILITY ADDRESS

XII. TRANSPORTATION SERVICES USED

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Methylene Chloride	1 3	F 0 0 2	2 5 0 0	P
32	2	Flammable Paint Solvent Containing Toluene & Xylene	0 8	D 0 0 1	2 0 0 0	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

1983 Generated - Stored On-Site less than 90 Days
as of December 31, 1983.

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. ☐

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other (explain in comment section)

F M N D 0 9 2 3 0 4 8 5 6 1
 1 2 13 14 15

C303 ENTRY (OFFICIAL USE ONLY): ☐**III. NAME OF FACILITY**

F R A N K L I N M A N U F A C T U R I N G C O M P A N Y
 30 69

IV. FACILITY MAILING ADDRESS

3 7 0 1 3 3 r d A v e n u e N o r t h
 15 16 45

Street or P.O. Box

4 S t . C l o u d M N 5 6 3 0 1
 15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5
 15 16 45

Street or Route number

6
 15 16 41 42 47 51

City or Town

State Zip Code

VI. FACILITY CONTACT

2 C l u t e R i c h a r d
 15 16 45

Name (last and first)

VII. COST ESTIMATES FOR FACILITIES

6 1 2 2 5 3 1 2 1 2
 46 55

Phone No. (area code & no.)

\$ 16 19 6 2 0 0 \$ 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Warren L. Hull

V. P. of Mfg.

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

This report is for the calendar year ending December 31, 1983.

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Franklin Manufacturing Company

T/A C

X. GENERATOR'S EPA I.D. NO.

[illegible]

XII. GENERATOR ADDRESS

S01 | 1 | 8 | 1 | 0 | 0 | UOM | S02 | AMOUNT OF WASTE | UOM | S03 | AMOUNT OF WASTE | UOM | S04 | AMOUNT OF WASTE | UOM | S05 | AMOUNT OF WASTE | UOM

XIV. WASTE IDENTIFICATION

XIV. WASTE IDENTIFICATION									
Sequence #	# Line	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)				C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	Toluene Diisocyanate	U	2	2	3	S 0 1		P
			33		36 37	40			
29	32		41		44 45	48			
	2	Urethane Resin Containing Trichlorofluoromethane	U	2	2	9	S 0 1		P
	3	Bis(2-Ethylhexyl)Phthalate	U	0	2	8	S 0 1		P
	4	Corrosive Urethane Foam from Acid Equipment Cleaning	D	0	0	2	S 0 1		P
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								

XV. COMMENTS (enter information by section number—see instructions)

Annual Report Form for Generation of Hazardous Waste
Calendar Year 1985

Waste Generation Site

MND092304856
FRANKLIN MFG. CO.

701 - 33RD AVENUE NORTH
ST. CLOUD MN 56301

Mailing Address

FRANKLIN MFG. CO.

701 - 33RD AVENUE NORTH
ST. CLOUD MN 56301

Responsible Persons

RICHARD B. CLUTE
(612) 253-1212

() -

Principal Products or Services Provided

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (please print) Richard B. Clute

Signature *Richard B. Clute*

Date 2/26/86

This space is provided for
explanations, corrections, and
additions, if necessary.

ENV. ENG. SUPERVISOR

Environmental Engineering
Supervisor

Fill In: Freezers

TH6 3/17/86

MND092304856

This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.

.....

Fill In: (2145 GA

Check One Please

Fill In: 4

Check One Please

Transporter:

x Facility: _____

REF ID: A66041

X

THB 3/17/06

ENTERED MAR 20 1986 8 27

Waste Management FRL IN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H9 Waste Code: D001 x

2 Waste Name:
SOLVENT DEGREASING NONHAL MIN SPIRITS x

3 Type: liquid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
110.00 GA

Amount produced in 1985:

Fill In: 165 GA.

5 Date first ever produced:
disclosure currently shows

Check One Please
X Before 7/1/83
Between 7/1/83 and 2/5/84
Between 2/5/84 and 1/1/85
After 1/1/85

6 Number of shipments per year
Projected on disclosure 2
Actual number of shipments in 1985

Fill In: 3

6a Do you plan to ship this waste in 1986:

Check One Please
X Yes No Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

Transporter: x
EPA ID: x

Facility Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

Facility: x
EPA ID: x

8 Management Method
Recycle/Beneficial Use

x

THG 3/17/86

ENTERED MAR 20 1986 JJJ

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: 07 Waste Code: X
2 Waste Name: OIL-LUBE-WASTE--NO-FEE X
3 Type: liquid not mixed X

4 Annual amount you provided on your
disclosure or last annual report:
3670.00 GA

Amount produced in 1985:

5 Date first ever produced:
disclosure currently shows

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985

6a Do you plan to ship this waste in 1986:

7 Off-Site Transporter Name
SOLV-OIL SERVICE AND SUPPLY CO.
EPA ID# MND000685941

Facility Name
BURNED AS FUEL
EPA ID# EXFUEL

8 Management Method
~~Burning for Fuel~~

Fill In 3978 GA.

Check One Please
X Before 7/1/83
Between 7/1/83 and 2/5/84
Between 2/5/84 and 1/1/85
After 1/1/85

Fill In: 1

Check One Please
X Yes No Unknown

Transporter: Bert's Drain
Oil Service
EPA ID: MNT280011875

Facility: Warden Oil Company
Inc.
EPA ID: MND006211692

Recycle/Beneficial Use
PB

TH6 3-17-86

ENTERED MAR 20 1986

817

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: 08 Waste Code: x -----

2 Waste Name:
OIL SPILLAGE ----- NO FEE x -----

3 Type: sludge not mixed x -----

4 Annual amount you provided on your
disclosure or last annual report:
0.00 LB

Amount produced in 1985: Fill In: Unknown -----

5 Date first ever produced:
disclosure currently shows

Check One Please
X Before 7/1/83
Between 7/1/83 and 2/5/84
Between 2/5/84 and 1/1/85
After 1/1/85

6 Disclosure indicates unpredictable
shipment schedule
Did you ship this waste in 1985

Review and explain changes.
Check One Please
X Yes No

6a Do you plan to ship this waste in 1986:

Check One Please
X Yes No Unknown

7 Off-Site Transporter Name
EPA ID# FFF
Facility Name
EPA ID#

Transporter: -----
EPA ID: -----
Facility: -----
EPA ID: -----

8 Management Method
Land Disposal (Landfill) x -----

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H10 Waste Code: F002 x

2 Waste Name: ~~FOAM FLUSH SOLVENT HAL METHYLENE CHLORIDE~~ x

3 Type: liquid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
7865.00 GA

Amount produced in 1985:

Fill In: 7205 GA.

5 Date first ever produced:
disclosure currently shows

Check One Please
X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- After 1/1/85

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985

Fill In: 4

6a Do you plan to ship this waste in 1986:

Check One Please
X Yes - No - Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

x Transporter: _____
EPA ID: _____

Facility Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

x Facility: _____
EPA ID: _____

8 Management Method
Recycle/Beneficial Use

x _____

THG 3-17-86

ENTERED MAR 20 1986 gjs

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H11 Waste Code: F002 x

2 Waste Name:
MOLD STRIPPER SOLVENT x

3 Type: liquid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
55.00 GA

Amount produced in 1985:

Fill In: 110 GA.

5 Date first ever produced:
disclosure currently shows

Check One Please
X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- After 1/1/85

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985

Fill In: 2

6a Do you plan to ship this waste in 1986:

Check One Please
X Yes - No - Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

x Transporter: _____
EPA ID: _____

Facility Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

x Facility: _____
EPA ID: _____

8 Management Method
Recycle/Beneficial Use

x _____

THG 3-17-86

ENTERED MAR 20 1986 27

Waste Management FRA LIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H14 Waste Code: D007 x

2 Waste Name:
BONDERITE PARCOLENE 60 x

3 Type: liquid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
86000.00 GA

Amount produced in 1985:

Fill In: 76,000

5 Date first ever produced:
disclosure currently shows

Check One Please
☒ Before 7/1/83
☐ Between 7/1/83 and 2/5/84
☐ Between 2/5/84 and 1/1/85
☐ After 1/1/85

6 Disclosure indicates less than one
shipment per year
Did you ship this waste in 1985

Review and explain changes.

Check One Please
☐ Yes ☒ No

6a Do you plan to ship this waste in 1986:

Check One Please
☐ Yes ☒ No ☐ Unknown

7

Transporter: _____

EPA ID: _____

Facility: _____

EPA ID: _____

8 On-Site Management Method
Sewered without Treatment

x

THG - 3/17/86

ENTERED MAR 20 1986 J 27

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H15 Waste Code: ~~4404~~

U223

2 Waste Name:

IDI

x

3 Type: sludge not mixed

x

4 Annual amount you provided on your
disclosure or last annual report:
770.00 GA

Amount produced in 1985:

Fill In: -0-

5 Date first ever produced:
disclosure currently shows

Check One Please

X Before 7/1/83
Between 7/1/83 and 2/5/84
Between 2/5/84 and 1/1/85
After 1/1/85

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985

Fill In: 2

6a Do you plan to ship this waste in 1986:

Check One Please

X Yes No Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

x

Transporter:

EPA ID:

Facility Name
ROLLINS ENVIRONMENTAL SERVICES, INC.
EPA ID# LAD010395127

x

Facility:

EPA ID:

8 Management Method
Incineration/Thermal Treatment

x

TN6 - 3/17/86

ENTERED MAR 20 1986

987

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

***** Foo2 *****

1 Inventory Number: H16 Waste Code: ~~1002~~ U121

2 Waste Name:
~~SOLV-HAL~~ CHLOROIRI FLUOROMETHANE

3 Type: liquid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
2035.00 GA
Amount produced in 1985: Fill In: 1635 8A.

5 Date first ever produced:
disclosure currently shows Check One Please
X Before 7/1/83
Between 7/1/83 and 2/5/84
Between 2/5/84 and 1/1/85
After 1/1/85

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985 Fill In: 2

6a Do you plan to ship this waste in 1986: Check One Please
X Yes No Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO. x
EPA ID# WID990829475
Facility Name
ROLLINS ENVIRONMENTAL SERVICES, INC. x
EPA ID# LAD010395127
Transporter: EPA ID:
Facility: EPA ID:

8 Management Method
Incineration/Thermal Treatment x

TK6
3-17-86

ENTERED MAR 20 1986 JdJ

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H17 Waste Code: D002 x

2 Waste Name:
MOLD STRIPPER SOLIDS x

3 Type: solid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
500.00 LB

Amount produced in 1985:

Fill In: 182 lbs.

5 Date first ever produced:
disclosure currently shows

Check One Please
X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- After 1/1/85

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985

Fill In: 1

6a Do you plan to ship this waste in 1986:

Check One Please
X Yes - No - Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

Transporter: x
EPA ID: x

Facility Name
ROLLINS ENVIRONMENTAL SERVICES, INC.
EPA ID#
LAD010395127

Facility: x
EPA ID: x

8 Management Method
Unknown

Incineration

IT

TH6 3-17-86

ENTERED MAR 20 1986 927

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H19 Waste Code: MN03 X

2 Waste Name: PCB TRANSFORMERS X

3 Type: liquid not mixed X

4 Annual amount you provided on your disclosure or last annual report: 0.00 GA

Amount produced in 1985: Fill In: -0-

5 Date first ever produced: disclosure currently shows

Check One Please

X Before 7/1/83

- Between 7/1/83 and 2/5/84

- Between 2/5/84 and 1/1/85

- After 1/1/85

6 Disclosure indicates unpredictable shipment schedule

Did you ship this waste in 1985

Review and explain changes.

CHECK ONE PLEASE

- Yes X No

6a Do you plan to ship this waste in 1986:

Check One Please

- Yes - No X Unknown

7 Off-Site Transporter Name

HIGH VOLTAGE MAINTENANCE CORP.

EPA ID# WID060445418

Transporter: Electric Equipment Service Corp

EPA ID: MND980704811

Facility Name

ROLLINS ENVIRONMENTAL SERVICES

EPA ID# TXD055141378

Facility: Energy Systems Co.

EPA ID: ARD990870149

8 Management Method

Incineration/Thermal Treatment X

TH6 3/17/86

ENTERED MAR 20 1986 J L Z

Waste Management FRA...LIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1	Inventory Number: H20	Waste Code: MN03	X	-----
2	Waste Name: PCB CAPACITORS		X	-----
3	Type: solid not mixed		X	-----
4	Annual amount you provided on your disclosure or last annual report: 0.00 LB			
	Amount produced in 1985:			Fill In: 490 lbs
5	Date first ever produced: disclosure currently shows			Check One Please X Before 7/1/83 Between 7/1/83 and 2/5/84 Between 2/5/84 and 1/1/85 After 1/1/85
6	Disclosure indicates unpredictable shipment schedule Did you ship this waste in 1985			Review and explain changes. Check One Please: X Yes - No
6a	Do you plan to ship this waste in 1986:			Check One Please Yes No X Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475			Transporter: Electric Equipmen Service Corp EPA ID: MND980704811
	Facility Name ROLLINS ENVIRONMENTAL SERVICES EPA ID# TXD055141378			Facility: Energy Systems Co. EPA ID: ARD990870149
8	Management Method Incineration/Thermal Treatment		X	-----

TH6 3-17-86

ENTERED MAR 20 1986 9 27

Waste Management RRL XLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: H21 Waste Code: 0003 x

2 Waste Name:
DIPHENYLMETHANE DIISOCYANATE (MDI) x

3 Type: liquid not mixed x

4 Annual amount you provided on your
disclosure or last annual report:
600.00 GA

Amount produced in 1985:

Fill In: 1320 GA.

5 Date first ever produced:
disclosure currently shows

Check One Please

- Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
X After 1/1/85

6 Number of shipments per year
Projected on disclosure 4
Actual number of shipments in 1985

Fill In: 2

6a Do you plan to ship this waste in 1986:

Check One Please

X Yes - No - Unknown

7 Off-Site Transporter Name
WASTE RESEARCH & RECLAMATION CO.
EPA ID# WID990829475

Transporter: x

EPA ID: x

Facility Name
ROLLINS ENVIRONMENTAL SERVICES, INC.
EPA ID# LAD010395127

Facility: x

EPA ID: x

8 Management Method
Incineration/Thermal Treatment x

TNG
3-17-86

ENTERED MAR 20 1986 927

Waste Management FRANKLIN MFG. CO.
(Details on each individual waste)

MND092304856

If information in this column is correct,
leave it as is. If it is incorrect or
missing, cross it out and supply the
correct information in the next column.

This column is provided for
explanations, corrections, and
additions, if necessary. If
the information in the column
at the left is correct, place
a "X" in the center column
next to that item.

1 Inventory Number: ~~H21~~ Waste Code: D002
2 Waste Name:
AMMONIUM HYDROXIDE----- x
3 Type: liquid not mixed x

H22

4 Annual amount you provided on your
disclosure or last annual report:
0.00 GA

Amount produced in 1985:

Fill In: 10 GA.

5 Date first ever produced:
disclosure currently shows

Check One Please.
- Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
x After 1/1/85

6 Disclosure indicates a one-time only
shipment
Did you ship this waste in 1985

Review and explain changes.
CHECK ONE PLEASE.
x Yes - No

6a Do you plan to ship this waste in 1986:

Check One Please
- Yes x No - Unknown

7 Off-Site Transporter Name
AQUA-TECH, INC. - PORT WASHINGTON, WISC.
EPA ID# WID066888017

Transporter: -----
x EPA ID: -----

Facility Name
EPA ID#

Facility: Michigan Disposal
EPA ID: MID0000724831

8 Management Method
Treatment Prior to Land Disposal

x -----

TH6
3-17-86

ENTERED MAR 20 1986 827

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. ☐

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other (explain in comment section)

F M N D 0 9 2 3 0 4 8 5 6 1
1 2 13 14 15

T/A C

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

F R A N K L I N M A N U F A C T U R I N G C O M P A N Y
30 69

IV. FACILITY MAILING ADDRESS

3 7 0 1 3 3 r d A v e n u e N o r t h
15 16 45

Street or P.O. Box

4 S t . C l o u d M N 5 6 3 0 1
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

VI. FACILITY CONTACT

2 C l u t e R i c h a r d
15 16 45

Name (last and first)

VII. COST ESTIMATES FOR FACILITIES

6 1 2 - 2 5 3 - 1 2 1 2
46 55

Phone No. (area code & no.)

\$ 16 19 6 2 0 0 \$ 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Warren L. Hull V. P. of Mfg.

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F	M	N	D	0	9	2	3	0	4	8	5	6	1
1	2									13	14	15	

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Franklin Manufacturing Company

ON-SITE ☒

XII. GENERATOR ADDRESS

X. GENERATOR'S EPA I.D. NO.

G	M	N	D	0	9	2	3	0	4	8	5	6
16												28

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01	1	8	1	0	0	1	P	S02	1	8	1	0	0	1	P	S03	1	8	1	0	0	1	P
AMOUNT OF WASTE				UOM				AMOUNT OF WASTE				UOM				AMOUNT OF WASTE				UOM			
S04	1	8	1	0	0	1	P	S05	1	8	1	0	0	1	P								
AMOUNT OF WASTE				UOM				AMOUNT OF WASTE				UOM											

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Toluene Diisocyanate	U 2 2 3 33 36 37 40	S 0 1	3 6 0 0	P
		2 Urethane Resin Containing Trichlorofluoromethane	U 2 2 9 41 44 45 48	S 0 1	8 5 0 0	P
		3 Bis(2-Ethylhexyl)Phthalate	U 0 2 8 49 51 52	S 0 1	3 0 0 0	P
		4 Corrosive Urethane Foam from Acid Equipment Cleaning	D 0 0 2	S 0 1	3 0 0 0	P
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number—see instructions)

MND092304856

Franklin Manufacturing Company

OK

ERROR CHECKLIST

FACILITY REPORT - I.D. #

- () I. NON-REGULATED STATUS
- () II. FACILITY EPA I.D. NUMBER
- () III. NAME OF FACILITY
- () IV. FACILITY MAILING ADDRESS
- () V. LOCATION OF FACILITY
- () VI. FACILITY CONTACT
- () VII. COST ESTIMATES FOR FACILITIES
- () VIII. SIGNATURE CERTIFICATION
- () IX. FACILITY'S EPA I.D. NO.
- () X. GENERATOR'S EPA I.D. NO.
- () XII. GENERATOR ADDRESS
- () XIII. TOTAL WASTE IN STORAGE
- () XIV. WASTE IDENTIFICATION
 - () A. DESCRIPTION OF WASTE
 - () B. EPA HAZ WASTE NO.
 - () C. HANDLING METHOD
 - () D. AMOUNT OF WASTE
 - () E. UNIT OF MEASURE
- () XIV. COMMENTS
- () NO ERRORS

COMMENTS:

PERSON CONTACTED _____

DATE _____

TIME _____

RESULT OF CONVERSATION _____

CALLER'S INITIALS _____

ERROR CHECKLIST

GENERATOR REPORT - I.D. #

- () I. NON-REGULATED STATUS
- () II. GENERATOR'S EPA I.D. NUMBER
- () III. NAME OF INSTALLATION
- ~~()~~ IV. INSTALLATION MAILING ADDRESS
- ~~()~~ V. LOCATION OF INSTALLATION
- () VI. INSTALLATION CONTACT
- () VII. SIGNATURE CERTIFICATION
- () VIII. GENERATOR'S EPA I.D. NO.
- () IX. FACILITY NAME
- () X. FACILITY'S EPA I.D. NO.
- () XI. FACILITY ADDRESS
- () XII. TRANSPORTATION SERVICES USED
- () XIII. WASTE IDENTIFICATION
 - () A. DESCRIPTION OF WASTE
 - () B. DOT HAZARD CODE
 - () C. EPA HAZ WASTE NO.
 - () D. AMOUNT OF WASTE
 - () E. UNIT OF MEASURE
- () XIV. COMMENTS
- () NO ERRORS

COMMENTS:

PERSON CONTACTED _____

DATE _____

TIME _____

RESULT OF CONVERSATION _____

CALLER'S INITIALS _____

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

II. GENERATOR'S EPA I.D. NUMBER

☐ For 1983 Only ☐ Permanently

F M N D 0 9 2 3 0 4 8 5 6 1
1 2 13 14 15

☐ Other _____C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

F R A N K L I N M A N U F A C T U R I N G C O M P A N Y
30 69

IV. INSTALLATION MAILING ADDRESS

3 7 0 1 3 3 r d A v e n u e N o r t h
15 16 45

Street or P.O. Box

4 S t . C l o u d M N 5 6 3 0 1
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

VI. INSTALLATION CONTACT

2 C l u t e R i c h a r d
15 16 45

Name (last and first)

6 1 2 - 2 5 3 - 1 2 1 2
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Warren L. Hull

V. P. of Mfg.

Signature of Authorized Representative

Date Signed

2/23/84

ENVIRONMENTAL PROTECTION AGENCY

This report is for the calendar year ending December 31, 1983.

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

VIII. GENERATOR'S EPA I.D. NO.

G	M	N	D	0	9	2	3	0	4	8	5	6	1
1	2										13	14	15

T/A C

XI. FACILITY ADDRESS

X. FACILITY'S EPA I.D. NO.

F													
16													28

XII. TRANSPORTATION SERVICES USED

XIII. WASTE IDENTIFICATION

Sequence #	# Line	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Methylene Chloride	1 3	F 0 0 2	2 5 0 0	P
		2 Flammable Paint Solvent Containing Toluene & Xylene	0 8	D 0 0 1	2 0 0 0	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

1983 Generated - Stored On-Site less than 90 Days
as of December 31, 1983.

J. R. WOIT
VICE PRESIDENT FINANCE

July 20, 1982

Regional Administrator
U.S. Environmental Protection Agency
Attn: RCRA Financial Requirements
Box A3587
Chicago, Illinois 60690-3587

Attention: Thomas B. Golz

Dear Mr. Golz:

Franklin Manufacturing Company is classified as a hazardous waste storage facility due to its retention of waste materials pending disposal. The total disposal cost of the maximum material stored on-site is \$6,200.

Franklin Manufacturing Company is a division of White Consolidated Industries, Inc. and we are submitting a copy of the annual report and the form 10K for White Consolidated Industries for the year ended December 31, 1981 as the financial instruments attesting to financial responsibility as required by the federal interim status standards.

Sincerely,


J. R. Woit

JRW:cag

Enclosures